PCN155
IMPROVED HEALTH-RELATED QUALITY OF LIFE IN PATIENTS WITH CHRONIC LYMPHOCYTIC LEUKEMIA TREATED WITH OFATUMUMAB PLUS CHLORAMBUCIL OR CHLORAMBUCIL
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OBJECTIVES: The COMPLEMENT 1 trial demonstrated significantly better progression-free survival with ofatumumab combined with chlorambucil (O+CHL) [22.4 months] versus chlorambucil alone (CHL) [13.1 months] in patients with chronic lymphocytic leukemia . The impact on health-related quality of life (HRQoL) was also assessed. **METHODS:** 447 previously untreated patients were randomized to receive 3-12 cycles of O+CHL or CHL. The European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and QLQ-CLL16 were administered at screening (baseline), day 1 of cycles 4, 7, 10 and post-therapy. The pre-specified HRQoL outcomes were changes from baseline during and post therapy, and treatment differences in the two arms for Global Health Scale (GHS) of the QLQ-C30 and the Fatigue scale of the QLQ-CLL16. For treatment comparisons, mixed-model repeated measures (MMRM) analysis of covariance was used. **RESULTS:** 428 patients completed at least one HRQoL assessment; with a median of 6 treatment cycles, cycle 10 had too few patients to analyze. For GHS, patients had improvements greater than the minimally important difference of 5 points for the CHL arm (Cycle 7) and for the O+CHL arm (Cycles 4 and 7). For the Fatigue scale, patients showed improvement from baseline in both arms at Cycles 4 and 7. Most scales showed numerical improvements in both arms; exceptions were four scales in the CHL and two in the O+CHL arm. Post therapy, there were positive numerical changes from the last on-treatment visit in both arms for GHS and Fatigue scales. MMRM analysis showed no differences between treatment arms for GHS or Fatigue scales. **CONCLUSIONS:** Patients receiving either O+CHL or CHL experienced improvements in HRQoL during therapy. Off treatment, patients continued to maintain or increase the improvements. The addition of ofatumumab to chlorambucil did not negatively impact HRQoL and may improve certain aspects of patients' HRQoL during and after treatment.

PCN156
THE ASSOCIATION OF COMORBID ANXIETY AND MOOD DISORDERS WITH HEALTH-RELATED QUALITY OF LIFE AMONG CANCER SURVIVORS
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OBJECTIVES: Cancer is related to lower health-related quality of life (HRQoL). However, little evidence exists regarding the marginal decrease in HRQoL by the presence of comorbid anxiety and mood disorders (bipolar and depressive disorders) among cancer survivors based on U.S population-based research. The objective of the study was to determine whether comorbid anxiety and mood disorders were associated decreased HRQoL among cancer survivors. **METHODS:** This cross-sectional study used data from the 2011 Medical Expenditure Panel Surveys (MEPS). The independent variable was the presence of anxiety and/or mood disorders, and the dependent variable was HRQoL, which was measured using the SF-12 physical health composite scale (PCS) and mental health composite scale (MCS). Descriptive statistics, chi-square tests, and generalized linear models (GLM) were used for analyses. **RESULTS:** Among the estimated 17,987,639 cancer survivors, 9.4% had anxiety but not mood mood disorders, 11.4% had mood disorders but not anxiety, 3.8% had both anxiety and mood disorders, and 75.7% had neither anxiety nor mood disorders. The chi-square tests shows that the prevalence of anxiety and/or mood disorders was significantly different by age groups (p<0.001), gender (p=0.002), and perceived health status (p<0.001), while it was not significantly different by race, insurance type, marital status, region, family income, and the presence of comorbidity. In the GLMs analyzing anxiety mood disorders separately, anxiety and mood disorders were both significantly associated with lower PCS scores (p=0.002 and p<0.001) and MCS scores (both p<0.001). After controlling for demographic and clinical factors, anxiety was not significantly associated with lower PCS scores (p=0.235), but was associated with lower MCS scores (p=0.005), and mood disorders were still significantly associated with both lower PCS (p=0.006) and MCS (p<0.001) scores. **CONCLUSIONS:** Both anxiety and mood disorders were independently associated with lower HRQoL among cancer survivors, but when controlling for other factors, mood disorders showed no association with the PCS.

PCN157
HEALTH RELATED QUALITY OF LIFE IN PATIENTS WITH METASTATIC, RELAPSED, OR INOPERABLE SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK IN INDIA
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OBJECTIVES: Evaluate changes in health related quality of life (HRQoL) in patients with metastatic head and neck cancer randomized to receive either metronomic (methotrexate and celecoxib) or cisplatin chemotherapy. **METHODS:** Patients older than 18 years, Karnofsky performance score of > 70 and diagnosed with metastatic, locally advanced inoperable or recurrent head and neck cancer not amenable to surgery or radiation were randomized (1:1) to receive of metronomic or 6 cycles of cisplatin chemotherapy. All patients were recruited from the Tata Memorial Hospital (TMH), Mumbai, India. In addition to demographic and baseline clinical characteristics, patients were asked to rate their HRQoL using the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and the EORTC QLQ-H&N35 questionnaires (Indian versions) at baseline and at the end of each chemo-cycle (every three weeks) till the end of study (week 18) or early termination. **RESULTS:** Of the 110 patients screened, 87 agreed to participate in the study. Mean age of the study population was 47.5 years (S.D.± 10.04) for the metronomic group and 47.2 years (S.D.± 9.89) for the cisplatin group. Oral cavity was the primary site of cancer (metronomic arm: 77.8%; cisplatin arm: 71.4%). About 57.8% and 45.2% patients had a history of tobacco use in both treatment arms. Overall quality of life was not significantly different between the two treatment groups from baseline to end of treatment. However, there was a statistically significant improvement in Pain QLQ-C30 score from baseline to week 3 (OR=3.14, p=0.036) and week 6 (OR=3.33, p=0.034) in the metronomic arm compared with the cisplastin arm. **CONCLUSIONS:** Understanding the impact of different treatment options on changes in QoL over time can not only aid physicians in communication with patients but also assist in the design of interventions that focus on rehabilitation of patients with head and neck cancer.

PCN158
HEALTH RELATED QUALITY OF LIFE AMONG PATIENTS DIAGNOSED WITH ADVANCED NON SMALL CELL LUNG CANCER IN INDIA
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OBJECTIVES: To monitor changes in health related quality of life (HRQoL) among advanced stage non small cell lung cancer (NSCLC) patients receiving oral gefitinib. **METHODS:** An observational study was conducted at the Tata Memorial Hospital, Mumbai, India, among stage-IV NSCLC patients who were >18 years, had failed conventional chemotherapy, had EGFR mutation reports available, and were scheduled to receive oral gefitinib 250 mg OD treatment. Patients who met the inclusion criteria and agreed to participate in the study were recruited between January 1, 2010 and June 30, 2012. In addition to recording demographic and baseline clinical characteristics, patients were asked to rate their HRQoL using the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and the EORTC QLQ-LC13 questionnaires (Indian versions) at baseline and at every two months till the patient developed progressive disease or deteriorated in performance status. **RESULTS:** A total of 167 patients participated in the study. The mean age of study participants was 58.5 years (S.D.± 11.8). About 37.8% patients had a history of any kind of tobacco use. Significant improvements in overall quality of life were observed from baseline at week 16 (p=0.001), week 24 (p=0.02), and week 32 (p=0.03). Furthermore, lung cancer symptom score (QLQ-LC-13) significantly decreased at week 8 (p=0.019) and week 16 (p<<0.01) as compared to baseline. Compared to baseline, pain in the arm and shoulder (QLQ-LC-13) decreased at week 8 (p=0.008) and week 16 (p=0.0025), as did pain in chest (QLQ-LC-13) at week 8 (p=0.049) and week 16 (p=0.003). **CONCLUSIONS:** Gefitinib has not only shown a favorable toxicity profile but it has also demonstrated significant improvements over time in overall QoL, as well as, on domains such a symptom relief and pain. Therefore, Gefitinib could be considered as a viable treatment option in patients with advanced NSCLC.

PCN159
THE ASSOCIATION OF CHEMOTHERAPY VERSUS HORMONAL THERAPY AND HEALTH OUTCOMES AMONG PATIENTS WITH HORMONE RECEPTOR-POSITIVE, HER2-NEGATIVE METASTATIC BREAST CANCER: EXPERIENCE FROM THE PATIENT PERSPECTIVE
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OBJECTIVES: Health-related quality of life (HRQoL) is essential in treatment decisions for metastatic breast cancer (mBC), therefore, it's important to understand the impact of treatment on patient-reported outcomes (PRO) in a real-world setting. This study aims to characterize the impact of mBC and cancer treatments on HRQoL, treatment satisfaction and daily productivity from the patient perspective. **METHODS:** This is a cross-sectional survey of 360 patients with mBC (US, n=200; EU, n=160). Post-menopausal women aged ≥50 years, with hormone receptor positive (HR+), HER2-negative (HER2-) mBC, currently using hormonal therapy (HT) or using chemotherapy (CT) for ≤1 year were recruited. The Functional Assessment of Cancer Therapy–Breast (FACT-B), Work Productivity and Activity Impairment, Cancer Treatment Satisfaction Questionnaire (CTSQ), patient-centric questions related to mBC, demographics, and adverse events (AEs) were assessed across CT and HT users. Multivariate analyses compared CT vs. HT with adjustments for demographics, comorbidities, and disease/treatment related measures. **RESULTS:** Among the 360 patients, 53% (n=191) reported CT and 47% (n=169) reported HT use. Patient characteristics were generally similar between treatment cohorts with an average age of 58.3 years (SD=6.3). HT users reported higher FACT-B scores (78.0 vs. 70.1, p<0.001), higher scores on the FACT-B subscales (physical, emotional and functional well-being, and breast cancer, p<0.05 for all), greater satisfaction with treatment (subscale of the CTSQ; 74.1 vs. 67.2, p<0.001), and better feelings about side-effects (subscale of the CTSQ; 48.2 vs. 41.6, p<0.001). HT users reported less bother with treatment AEs (0-5 scale, 1.0 vs. 1.3, p<0.001) and less activity impairment compared with CT (52.6% vs. 60.8%, p<0.001). **CONCLUSIONS:** Findings suggest that HT is associated with better HRQoL, greater treatment satisfaction, less treatment related AEs, and less activity impairment compared with CT in 1st line mBC. These findings should be taken into consideration while making treatment decisions for HR+/HER2- mBC.

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PCN160
COST OF DISCORDANT DIAGNOSES IN SARCOMA, GIST, AND DESMOID TUMORS IN FRANCE: RESULTS FROM THE RREPS (RESEAU DE REFERENCE EN PATHOLOGIE DES SARCOMES) NETWORK
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